

NOV 10 1933

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

33673

1. PLACE OF DEATH

County Madison

Registration District No. 538

Township

Primary Registration District No. 3028

City Fredericktown Mo. (No. 10)

File No. _____

Registered No. 47

St. _____ Ward _____

2. FULL NAME Henrietta Nelson

(a) Residence, No. _____
(Usual place of abode)

St. 2 Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF James Nelson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
85 5 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Co. Mo.

13. NAME Lunsford Ellis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Co. Mo.

15. MAIDEN NAME Nancy Rice

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co. Mo.

17. INFORMANT (ADDRESS) Fred Nelson

18. BURIAL, CREMATION, OR REMOVAL PLACE Fredericktown Mo. DATE Oct 21 1933

19. UNDERTAKER (ADDRESS) H. N. Webb

20. FILED Oct 21 1933 J. C. Clough Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 20 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 22 1933 to Oct 20 1933
I last saw him alive on Aug 22 1933 Death is said to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Haemorrhage Date of onset Oct 20
82 A

Other contributory causes of importance:
arteriosclerosis (marked)

Name of operation none Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? X

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19 _____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? X
If so, specify _____
(Signed) J. C. Clough M. D.
(Address) Fredericktown Mo.

